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SERIAL NUMBER 10/042,614	FILING OR 371(c) DATE 01/09/2002 RULE	CLASS 435	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. YFLU-P03-001
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/156,367 09/17/1998 PAT 6,811,992
 which claims benefit of 60/085,439 05/14/1998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/06/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 4

ADDRESS

64175

TITLE

JNK INHIBITORS FOR THE TREATMENT OF NEUROLOGICAL DISORDERS

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FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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